

OB Saw Wire and Saw Wire Handles

Saw wire cuts through bone and horns quickly. Rust resistant. Comes in forty-foot rolls of 17 mm saw wire.

#099925 Saw Wire

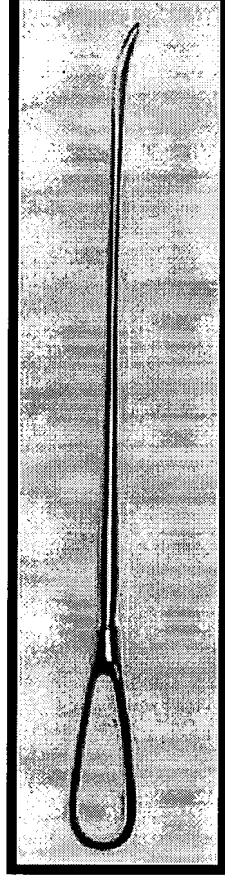
The stainless steel saw wire handles aid in using the O.B. saw wire. They have a knurled non-slip grip. Handles (*sold in pairs*) and wire sold separately.

#099710 - 1 pair Handles

A kit can be purchased containing two OB saw wire handles (one pair) and one roll of OB saw wire.

#099930 OB Saw Wire Kit

[back to MENU....](#)



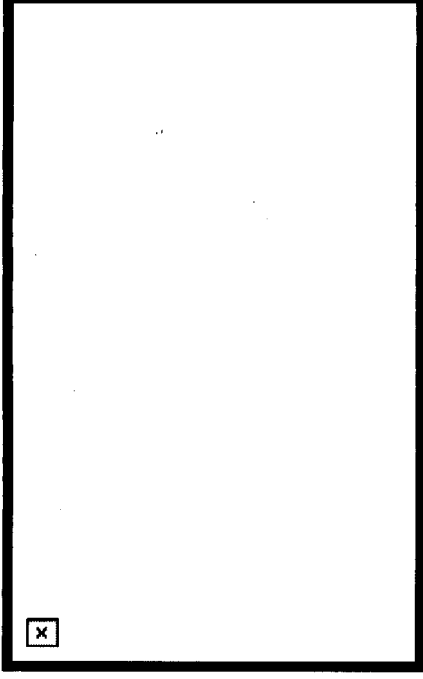
OB Needles (Buhner-style)

Use in the treatment of prolapsed uterus or vagina. Made of stainless steel with an over-all length of 6" or 12". To be used with perivaginal suture tape.

#099720 6"

#099633 12", pictured

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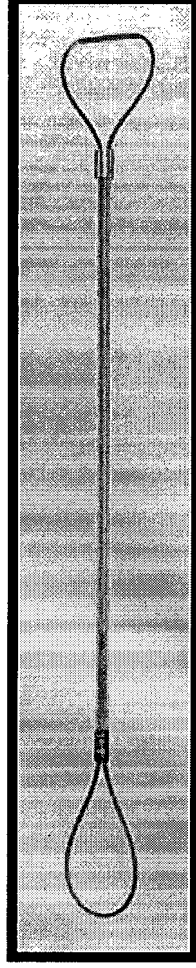


Champion Calf Puller

Deeper nickel-plated grooves on the pole allows easier pulling. Reinforced breech. Extra long pipe sections for large breed cows. Blue molded plastic handle for comfortable cranking. Two longer ratchet release levers are formed to the fingers. Ratchet moves smoothly up and down pole. Deeply cut threads in pipe sections prevent ratchet from slipping. Three hooks to attach OB strap or chain.

#101100 Champion Calf Puller

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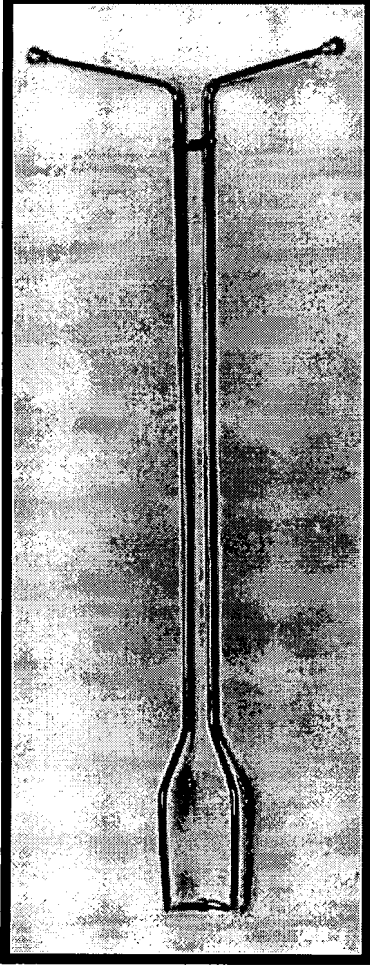


Lamb and Pig Puller

Designed for safer delivery of pigs or lambs. Economical, semi-disposable puller uses strong, 3/32" galvanized cable with a handle support for easy gripping. The cable is covered with FDA-approved plastic tubing and extends from a 2" to a 7" snare loop.

#390001 Lamb and Pig Puller

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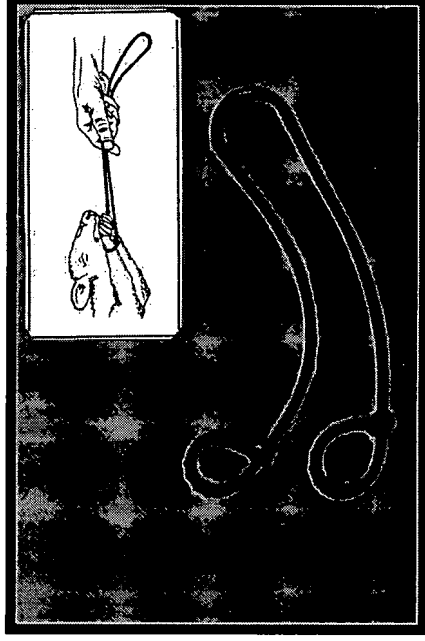


Pig Puller

Simpler deliveries, less work with this 22" long stainless steel puller. The forceps open sideways making it practically impossible to catch uterine lining.

#099615 Pig Puller

[back to MENU....](#)



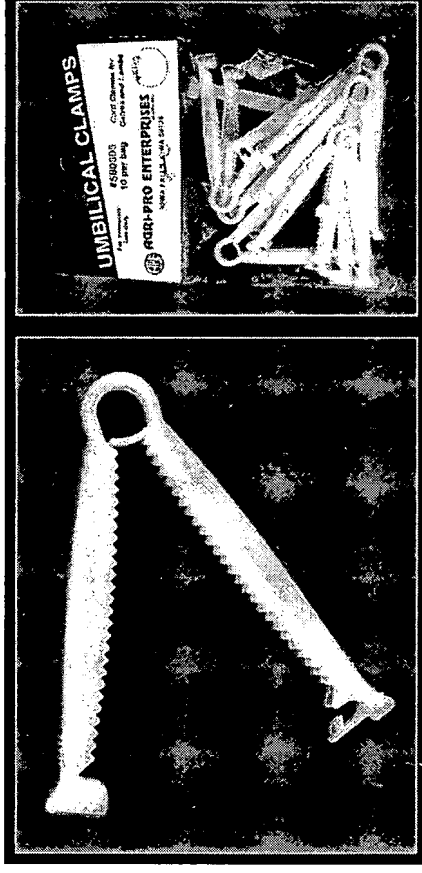
O.B. Leg Snare

An economical, yet effective, way to assist with obstetrical delivery in livestock. Made of high-strength surgical rubber which is significantly softer and kinder to use. Unlike traditional rope, it will

not damage or scald legs or hands. End loops have bumped edges, an anti-slip feature unique to this puller. Easily washed and sterilized for hygienic use.

#460515 O.B. Leg Snare

[back to MENU....](#)



Umbilical Clamps

Sold in packs of 50 or in 10-packs. To clamp umbilical cords immediately after birth of animal. Durable plastic with notched clamping teeth and reliable, secure locking mechanism. Grip width (teeth) is approximately two inches.

#580300 pack of 50

#580305 pack of 10 (pictured above)

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15 Results

* denotes when site was updated.

Search Results for Jan 01, 1996 - Nov 16, 2006

1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
0 pages	0 pages	0 pages	0 pages	0 pages	0 pages	0 pages	5 pages	5 pages	5 pages	0 pages
							Feb 09, 2003 *	Feb 09, 2004	Feb 09, 2005	
							Apr 13, 2003 *	Jun 15, 2004 *	Mar 11, 2005	
							Aug 20, 2003	Aug 13, 2004	May 24, 2005 *	
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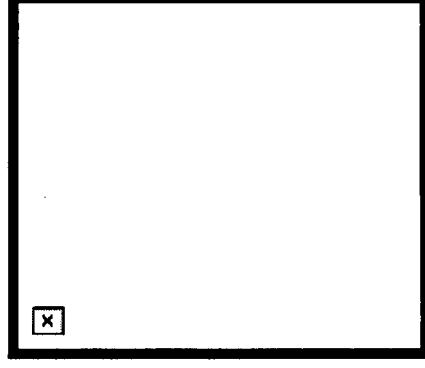
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O.B. EQUIPMENT

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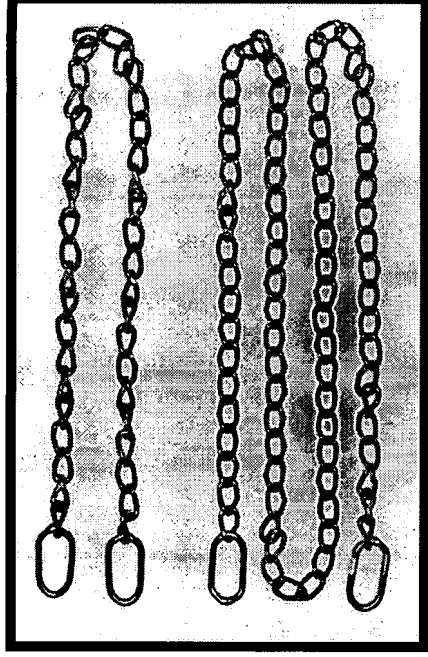
[OB Handle](#)
[OB Chains](#)
[OB Straps](#)
[OB Saw Wire, Handles and Saw Wire Kit](#)
[Buhner-style OB Needles](#)
[Champion Calf Puller](#)
[Lamb and Pig Puller](#)
[Pig Puller](#)
[OB Leg Snare](#)
[Umbilical Clamps](#)



OB Handle

Aids in the use of OB chains or straps (below). One-piece nickel-plated handle with blue-coated grip for extra cushion and easier gripping.

#099612 OB Handle

[back to MENU....](#)

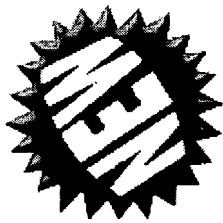
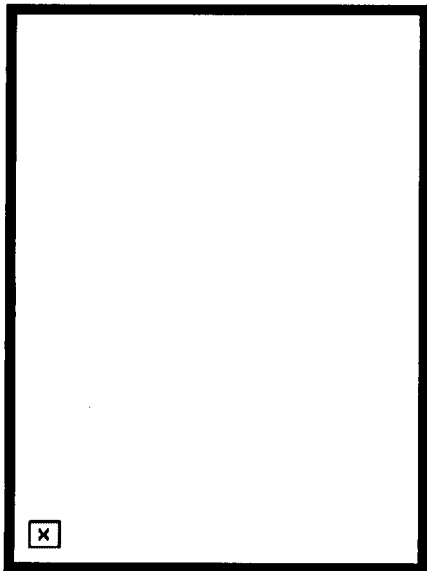
OB Chains - 30" or 60"

High-quality, heavy nickel-plated obstetrical chains. Convenient to use and easy to keep clean and sanitary. Chain gives a good grip on the calf, but will not cause injury when being used to assist a cow having difficulty calving. Chains are more sanitary than ordinary rope. Available in two lengths. Can be used with O.B. Handle (#099612, above).

#099610 30"

#099611 60"

[back to MENU....](#)



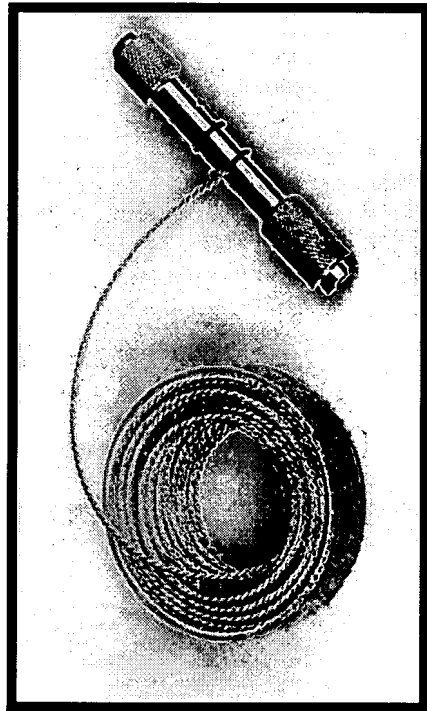
OB Straps - 30" or 60"

Heavy-duty one inch nylon make these weather and mildew resistant. One inch heavy, nickel-plated, welded steel D-rings on both ends. **NEW:** The 60" strap now has a **FLOATING THIRD D-RING**, our own unique design to ensure the OB Handle pulls equally, staying in the center of the strap. Economical alternative to O.B. chains. For use with O.B. Handle (see #099612, above). Two lengths.

#099608 30"

#099609 60"

[back to MENU....](#)



Set	Items	Description
S1	2864207	S (ARTHROSCOP? OR PATELLA? OR KNEE? ? OR BONE? ? OR CONDYL? OR ORTHOPED? OR ORTHOPAED? OR OSSEOUS? OR OSTEAL OR OSTEOID OR OSSEO? OR OSTEOLOG?)
S2	121147	S SAW???
S3	488279	S WIRE
S4	846679	S (GIGLI OR OB OR OBSTETRIC??)
S5	7970695	S (METAL??? OR STEEL OR TUNGSTEN OR CARBIDE OR ALLOY)
S6	1630661	S (STRING? ? OR CORD??? OR CABLE? ? OR THREAD? ? OR FILAMENT?)
S7	22712	S S5(3N)S6
S8	2033858	S (HOLE OR HOLES OR TUNNEL? OR APERTURE? OR OPENING? ?)
S9	3857555	S PASS??? OR INSERT? OR DRILL? OR BORE? ? OR INCIS? OR PERFORAT? OR PIERC? OR PENETRAT?
S10	6023777	S THROUGH
S11	230552	S S9()S10
S12	1234	S S2(2N)S3
S13	24	S S12(10N)S8
S14	71	S S12 AND S8
S15	2	S S14 AND S1

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05761953 JICST Accession Number: 04A0281494 File Segment: JICST-E

Enlargement of the Lumbar Spinal Canal by Wire-Saw Set

TOYODA KOICHIRO (1); TAGUCHI TOSHIHIKO (1); KANEKO KAZUO (1); KATO YOSHIHIKO (1); IMAJO YASUAKI (1); SUZUKI HIDENORI (1); SAIKI MASAHIKO (1); KAWAI SHIN'YA (1)

(1) Yamaguchi Univ., School of Medicine, JPN

Seikei Geka to Saigai Geka (Orthopedics & Traumatology) , 2004 , VOL.53,NO.1 , PAGE.230-233 , FIG.4, REF.3

Journal Number: Z0437BAK ISSN: 0037-1033

Universal Decimal Classification: 616.7-089

Language: Japanese **Country of Publication:** Japan

Document Type: Journal

Article Type: Original paper

Media Type: Printed Publication

Abstract: We developed a surgical set for the enlargement procedure performed on spinal canals affected by lumbar canal stenosis. This system includes a wire-device for cutting the pars interarticularis, a lamina holder and a hall in one guide for drilling a **hole** in the removed lamina, titanium screws, and a screw driver. The guide pipe, pipe holder, and **wire-saw** with round tip are connected together, enabling the pars interarticularis to be cut more easily and safely than before. Screw **holes** can be drilled easily by the lamina holder and hall in one guide. After the lamina is replaced, the cutting lines of the pars interarticularis are so sharp increasing the rate of bony union. Use of titanium screws also allows post-operative MRI to be observed easily. (author abst.)

Set	Items	Description
S1	2864207	S (ARTHROSCOP? OR PATELLA? OR KNEE? ? OR BONE? ? OR CONDYL? OR ORTHOPED? OR ORTHOPAED? OR OSSEOUS? OR OSTEOAL OR OSTEOID OR OSSEO? OR OSTEOLOG?)
S2	121147	S SAW???
S3	488279	S WIRE
S4	846679	S (GIGLI OR OB OR OBSTETRIC??)
S5	7970695	S (METAL??? OR STEEL OR TUNGSTEN OR CARBIDE OR ALLOY)
S6	1630661	S (STRING? ? OR CORD??? OR CABLE? ? OR THREAD? ? OR FILAMENT?)
S7	22712	S S5(3N)S6
S8	2033858	S (HOLE OR HOLES OR TUNNEL? OR APERTURE? OR OPENING? ?)
S9	3857555	S PASS??? OR INSERT? OR DRILL? OR BORE? ? OR INCIS? OR PERFORAT? OR PIERC? OR PENETRAT?
S10	6023777	S THROUGH
S11	230552	S S9()S10
S12	1234	S S2(2N)S3
S13	1318	S S2(3N)S3
S14	52	S S1 AND S13
S15	2	S S14 AND S8
S16	181	S S2(3N)S4
S17	18	S S8 AND S16
S18	11	RD (unique items)
S19	3	S S2(3N)S7
S20	3	S S2(5N)S7
S21	27	S S2(S)S7
S22	0	S S21 AND S1
S23	2247240	S S8 OR S11
S24	506306	S S3 OR S7
S25	135	S S1 AND S2 AND S24
S26	21	S S25 AND S23
S27	13	RD (unique items)
S28	1194315	S CUT? ? OR CUTT??? OR KERF? OR SLIC???
S29	534	S S1 AND S24 AND S28
S30	6930	S S24(10N)S28
S31	190	S S1 AND S30
S32	41	S S31 AND S23
S33	20	RD (unique items)
S34	1298077	S S2 OR S28
S35	95	S S1 AND S34 AND S23 AND S24
S36	58	RD (unique items)

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14907080 PMID: 15034725

A comparison of two osteotomy techniques for tibial lengthening.

Eralp Levent; Kocaoglu Mehmet; Ozkan Korhan; Turker Mehmet

Istanbul Medical Faculty, Department of Orthopedics and Traumatology, Istanbul University, Istanbul, Turkey.

yeralp@superonline.com

Archives of orthopaedic and trauma surgery (Germany) Jun 2004 , 124 (5) p298-300 , ISSN: 0936-8051--Print

Journal Code: 9011043

Publishing Model Print-Electronic

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

INTRODUCTION: There are various methods of long bone lengthening. The quality of the regenerated bone depends on stable external fixation, low energy corticotomy, latency period, optimum lengthening rate and rhythm, and functional use of the limb. Percutaneous corticotomy and osteotomy with multiple drill holes yield the best results for the quality of the regenerated bone. An alternative low energy osteotomy, which respects the periosteum, is the Afghan percutaneous osteotomy. The purpose of the current study was to compare a percutaneous multiple drill hole osteotomy with a **Gigli saw** osteotomy in terms of the healing index (HI). **MATERIALS AND METHODS:** Forty-four tibias of 41 patients were lengthened at our institution between 1995 and 2000. All patients underwent limb lengthening without any deformity correction by the Ilizarov device. The etiology of the limb length discrepancy was sequelae to poliomyelitis in 16 tibias, idiopathic hypoplasia in 17 tibias, posttraumatic discrepancy in 5 tibias, bilateral tibial lengthening in achondroplastic dwarfism in 3 patients. Patients with metabolic bone diseases were not included in this series. **RESULTS:** The mean amount of length discrepancy was 5.7 cm (range 2-12 cm). The mean HI of the whole group was 1.65 month/cm (range 1.1-2.4 month/cm). When comparing the osteotomy methods without taking the etiology into consideration, the percutaneous, multiple drill hole group yielded a mean HI of 1.98 month/cm (range 1.4-2.4 month/cm), while the **Gigli saw** group yielded a mean HI of 1.37 month/cm (range 1.1-1.8 month/cm). There was a statistically significant difference between the two groups ($p=0.022$). The **Gigli saw** patients with poliomyelitis had a significantly better HI compared with patients who underwent lengthening by the other form of osteotomy (1.1 vs 1.9 month/cm; $p=0.027$). **CONCLUSION:** Our results confirm the biologic superiority of the **Gigli saw** technique.

Record Date Created: 20040528

Record Date Completed: 20041021

Date of Electronic Publication: 20040318

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12030167 PMID: 9864623

[Indications and technique of bone cutting]

Indikation und Technik der Knochendurchtrennung.

Baumgart R; Kettler M; Zeiler C; Weiss S; Schweiberer L

Chirurgische Klinik und Poliklinik, Klinikum Innenstadt, Ludwig-Maximilians-Universitat Munchen.

Der Chirurg; Zeitschrift fur alle Gebiete der operativen Medizen (GERMANY) Nov 1998 , 69 (11) p1188-96 ,

ISSN: 0009-4722--Print Journal Code: 16140410R

Publishing Model Print

Document type: Journal Article; Review ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

For cutting bones different tools and techniques are available. The question which method is most advantageous depends on the basic surgical concept, the location of the bone cut and the choice of the subsequent implant. The biological activity of the anatomical site of the cut determines how much the tissue needs to be protected, taking into consideration the vascularity of the bone and avoiding heat transfer. The surgical approach depends on the implant and should be used also for the bone cut. Specific indications are given for the oscillating saw, the Gigli saw, the osteotome, drill holes and the medullary saw. (27 Refs.)

Record Date Created: 19990311

Record Date Completed: 19990311

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04320535 **PMID:** 1003815

[Instruments for tunneling the anterior mediastinum and drawing a Gigli saw under the sternum]

Instrumenti za tunelirane na predniia mediastinum i prokarvane na triona na Dzhigli pod sternuma
Daskalov E

Khirurgiia (BULGARIA) 1976 , 29 (5) p434-5 , ISSN: 0450-2167--Print **Journal Code:** 0376355

Publishing Model Print

Document type: Journal Article

Languages: BULGARIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Record Date Created: 19770216

Record Date Completed: 19770216

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SciSearch(R) Cited Ref Sci

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07263104 **Genuine Article#:** 141NK **Number of References:** 26

Indication for and technique of cutting bones

Author: Baumgart R (REPRINT) ; Kettler M; Zeiler C; Weiss S; Schweiberer L

Corporate Source: UNIV MUNICH,KLIN INNENSTADT, CHIRURG KLIN & POLIKLIN, NUSSBAUMSTR 20/D-80336 MUNICH//GERMANY/ (REPRINT)

Journal: CHIRURG , 1998 , V 69 , N11 (NOV) , P 1188-1196

ISSN: 0009-4722 **Publication date:** 19981100

Publisher: SPRINGER VERLAG , 175 FIFTH AVE, NEW YORK, NY 10010

Language: German **Document Type:** ARTICLE

Abstract: For cutting bones different tools and techniques are available. The question which method is most advantageous depends on the basic surgical concept, the location of the bone cut and the choice of the subsequent implant. The biological activity of the anatomical site of the cut determines how much the tissue needs to be protected, taking into consideration the vascularity of the bone and avoiding heat transfer. The surgical approach depends on the implant and should be used also for the bone cut. Specific indications are given for the oscillating saw, the Gigli saw, the osteotome, drill holes and the medullary saw.

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03555380 JICST Accession Number: 98A0264348 File Segment: JICST-E

Surgery and medical electronic equipment. Surgery old and new. 1. Brain surgery operations.

IKEDA TAKUYA (1)

(1) Seichokai

Clin Eng , 1998 , VOL.9,NO.2 , PAGE.172-174 , FIG.10

Journal Number: L0860AAP ISSN: 0916-460X

Universal Decimal Classification: 616.83-089 615.472/.473

Language: Japanese Country of Publication: Japan

Document Type: Journal

Article Type: Commentary

Media Type: Printed Publication

Abstract: Details of the titled development are explained since establishment of special care of neurosurgery by Harvey Cushing at Johns Hopkins University in 1901. This paper describes the following developments of operations and surgical instruments; burr hole opening using crank skull perforators since around the 14th century; operations using Gigli wire saws and handles; electrohemostatic instruments (electric knives) which were used for the first time for brain tumor in 1926; indispensable styptic cotton for protection of brain surface and hemostasis in operations; and operating microscopes.

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13695067 **PMID:** 11937467

Sternum screw: analysis of a novel approach to the closure of the chest after surgery.

Jutley Rajwinder S; Shepherd Duncan E T; Hukins David W L; Jeffrey Robert R

Department of Bio-Medical Physics & Bio-Engineering, University of Aberdeen, Aberdeen, Scotland, UK.

heart surgery forum (United States) 2002 , 5 (1) p69-74 , ISSN: 1098-3511--Print **Journal Code:** 100891112

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: To show the benefits of using a novel approach to closure of the median sternotomy through a mechanical model and mechanical testing. Simple cannulated screws are placed on either side of the sternotomy. Conventional stainless steel wire is **passed through** the cannula of each screw and the sternotomy is closed in the usual manner. **METHODS:** Hertzian contact analysis was used to estimate the stress between the wire and the sternum. Mechanical testing was used to compare using wire on its own with a sternum screw plus wire. Ten samples of balsa wood (sternum substitute) had wire placed through a **hole** in them, while a further ten samples were fitted with a cannulated screw and had wire **passed through** the screw cannula. The wire was connected to a materials testing machine, which applied tension to the **wire** until the **wire** or screw **cut** through the wood. **RESULTS:** The analysis showed that the mean stress between the wire and the sternum decreases with increasing wire diameter. At low diameters of wire the stress in the sternum can be comparable to the failure stress of **bone**. Using a cannulated screw reduces the stresses in the sternum. The mechanical testing showed that the **wire cut** through the wood at a mean load of 104 N, whereas the sternum screw cut through the wood at a mean load of 209 N ($p = 0.007$, Mann-Whitney Test). **CONCLUSIONS:** Closing a median sternotomy with cannulated screws plus wire should reduce the occurrence of sternal dehiscence.

Record Date Created: 20020408

Record Date Completed: 20020516

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11174829 PMID: 9028229

Controlled retainer-screw access placement for screw-retained implant prosthesis.

Cohen S R; Lawrence S; Orenstein J H; Appleby D C; Blitzer R M
University of Medicine and Dentistry of New Jersey, Newark, USA.

Journal of prosthodontics - official journal of the American College of Prosthodontists (UNITED STATES) Sep
1996 , 5 (3) p226-7 , ISSN: 1059-941X--Print **Journal Code:** 9301275

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

An implant-supported prosthesis is often secured to the underlying gold cylinders by retaining screws. There must be access to these screws from the oral surface of the prosthesis. Conventional preparation of this access is from the oral surface. This approach is difficult because the underlying gold cylinder is obscured. It may be damaged by a rotary cutting instrument as the access is prepared above it, because the cylinder cannot be seen during the preparation. Alternatively, the access **hole** may be unnecessarily enlarged in an attempt to find the cylinder. This loss of structure may weaken the prosthesis. A new approach, using 18-gauge stainless steel **wire** as a rotary **cutting** instrument, permits preparation of the access chamber from the intaglio surface of the prosthesis. This reduces risk of damage to the gold cylinder and is less destructive to the overlying material.

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33/7/9 (Item 9 from file: 155) [Links](#)

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MEDLINE(R)

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10682641 PMID: 8519404

Forces generated in guide-wires when drilling human bone.

Shuaib I; Hillery M

Regional Orthopaedic Hospital, Limerick, Ireland.

Proceedings of the Institution of Mechanical Engineers. Part H, Journal of engineering in medicine (ENGLAND)
1995 , 209 (3) p157-62 , ISSN: 0954-4119--Print **Journal Code: 8908934**

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

In **orthopaedic** surgery guide-wires are extensively used for the drilling of pilot **holes** in human **bones** to allow further drilling, reaming and screw-tapping to take place in the repair and reconstruction of fractures. The guide-wires are generally 1.5 to 2.5 mm in diameter and have a three-faceted point with or without a screw thread. This paper describes drilling tests carried out using both types of guide-wire and these are compared with results obtained from a two-faceted geometry developed during this research. Tests were performed on the heads of femurs which had been removed during hip arthroplasty. A variable speed drilling machine together with a very sensitive drilling dynamometer were used for measuring the torque and thrust during the experimental stage of the research. This equipment was developed as part of an overall research programme into the mechanics of drilling of human **bone**. The indications are, firstly, that little advantage is gained by using a threaded-point guide-wire. In fact using a thread on the guide-**wire** can be a disadvantage. Secondly, the thrust **cutting** force is dependent on the spindle speed and feed. An optimum set of speeds of between 800 and 1400 r/min is recommended for 2.5 mm diameter guide-wires.

Record Date Created: 19960122

Record Date Completed: 19960122

33/7/11 (Item 2 from file: 73) [Links](#)

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01180615 EMBASE No: 1978311787

Pectus excavatum

Martinez Paez J.

Dept. Ortop. Traumatol., Inst. Sup. Ci. Med., La Habana Cuba

Revista Cubana de Cirugia (REV. CUBA. CIR.) (Cuba) 1977 , 16/4 (327-334)

CODEN: RCBCA

Document Type: Journal

Language: SPANISH **Summary Language:** ENGLISH; FRENCH

All the surgical techniques used in the treatment of pectus excavatum, from Muller's, 1911 up to Johnson and Kirby's, 1964 have been studied. Johnson and Kirby make two **perforations through** the anterior ends of the costal archs and pass a stainless steel malleable wire which is positioned as a frame beneath the sternum. In all cases, the deformity relapses since the **wire** drawing the sternum **cuts** early the tissue and it is depressed again. In the face of these complications, we passed a thick Kirschner wire and it was positioned as a pin beneath the sternum and above the thorax, a centimeter below the breast. This way the sternum is kept elevated, strong and firm. The wire is well tolerated by the patient and he can already walk the day after operation without supporting plaster of paris and metal devices. The technique offers several advantages: obligatory bed rest, external scaffolding, wire rupture and sternum fractures are prevented; recidivations of the deformity and deformity inversions are not produced; and the risk of plastron necrosis is prevented.

33/7/17 (Item 5 from file: 94) [Links](#)

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04615469 JICST Accession Number: 00A0434267 File Segment: JICST-E

A New Method which Enables Precise Patella Resection in Total Knee Arthroplasty.

NAGAMINE RYUJI (1); URABE KEN (1); MIURA HIROMASA (1); MATSUDA SHUICHI (1); MIYANISHI KEITA (1); HIRATA GO (1); IWAMOTO YUKIHIIDE (1)

(1) Kyushu Univ., Grad. Sch.

Seikei Geka to Saigai Geka (Orthopedics & Traumatology) , 2000 , VOL.49,NO.1 , PAGE.59-61 , FIG.3, REF.5

Journal Number: Z0437BAK ISSN: 0037-1033

Universal Decimal Classification: 616.7-089

Language: Japanese **Country of Publication:** Japan

Document Type: Journal

Article Type: Short Communication

Media Type: Printed Publication

Abstract: We have developed a new concept which enables precise **patella** resection. A K-wire is **inserted through** the **patella** so that the wire is perpendicular to the anterior surface, after which resection is performed perpendicular to the wire. Nine fresh frozen cadaver **patella** specimens were used. First, the circumference of the anterior surface was marked because the anterior surface was convex in shape. After the thickness of each **patella** was measured, a K-wire was **inserted through the patella** perpendicular to the marked plane using a specially designed cutting guide. The guide had a concave surface which matched the anterior surface of the **patella**. The **wire** was then **inserted through the cutting drill**, and resection was performed creating a **patella** 15mm in thickness. The thickness of the resected **patella** and the angle of the cut surface relative to the marked plane were both measured. The value of the angle was positive when the angle was open superiorly in the sagittal plane and laterally in the coronal plane. The thickness of the **patella** was 23.8.+-.3.5mm and 15.3.+-.0.4mm before and after the resection, respectively. The angle of the cut surface was -0.7.DEG..+-.2.2.DEG.(-3.5 to 3.5.DEG.) in the sagittal plane and 0.2.DEG..+-.2.9.DEG.(-4 to 5.DEG.) in the coronal plane. The angle was larger in four specimens with poor **bone** quality. (author abst.)

36/7/13 (Item 13 from file: 155) [Links](#)

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MEDLINE(R)

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11174829 PMID: 9028229

Controlled retainer-screw access placement for screw-retained implant prosthesis.

Cohen S R; Lawrence S; Orenstein J H; Appleby D C; Blitzler R M
University of Medicine and Dentistry of New Jersey, Newark, USA.

Journal of prosthodontics - official journal of the American College of Prosthodontists (UNITED STATES) Sep
1996 , 5 (3) p226-7 , ISSN: 1059-941X--Print **Journal Code:** 9301275

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

An implant-supported prosthesis is often secured to the underlying gold cylinders by retaining screws. There must be access to these screws from the oral surface of the prosthesis. Conventional preparation of this access is from the oral surface. This approach is difficult because the underlying gold cylinder is obscured. It may be damaged by a rotary **cutting** instrument as the access is prepared above it, because the cylinder cannot be seen during the preparation. Alternatively, the access **hole** may be unnecessarily enlarged in an attempt to find the cylinder. This loss of structure may weaken the prosthesis. A new approach, using 18-gauge stainless steel **wire** as a rotary **cutting** instrument, permits preparation of the access chamber from the intaglio surface of the prosthesis. This reduces risk of damage to the gold cylinder and is less destructive to the overlying material.

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Record Date Completed: 19970226

36/7/15 (Item 15 from file: 155) [Links](#)

Fulltext available through: [USPTO Full Text Retrieval Options](#) [SCIENCEDIRECT](#)
MEDLINE(R)

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11055972 PMID: 8879742

The use of customized long stem hemiarthroplasty in ipsilateral femoral neck and pending shaft fracture: case report.

Yip K M

Department of Orthopaedics and Traumatology, Chinese University Of Hong Kong, Prince of Wales Hospital, Shatin, New Territories, Hong Kong.

Bulletin (Hospital for Joint Diseases (New York, N.Y.)) (UNITED STATES) 1996 , 55 (2) p81-2 , ISSN: 0018-5647--Print Journal Code: 9215948

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Most **orthopaedic** units do not have long stem femoral hemiarthroplasty prosthesis in their inventory. Situations that require replacement of the femoral head and internal fixation of the ipsilateral femoral shaft include femoral neck and shaft fracture as a result of either trauma or metastasis. The author reports on one technique of solving this problem by the use of an Austin-Moore hemiarthroplasty in combination with a half **sawed** Gross-Kempf (GK) intramedullary nail. The length of the GK nail was tailored according to the measured femoral length. The two implants were then impacted with a 4 cm overlap. Additional security was provided by the tension band **wire** placed between one of the distal locking **holes** in the nail and the **hole** in the Austin-Moore' implant and **tunneled** through the intramedullary nail.

Record Date Created: 19970130

Record Date Completed: 19970130

36/7/20 (Item 20 from file: 155) [Links](#)

Fulltext available through: [USPTO Full Text Retrieval Options](#) [SCIENCEDIRECT](#)
MEDLINE(R)

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09422340 **PMID:** 1437262

Removal of broken distal interlocking screws.

VanderWilde R S; Lewallen D G; Papagelopoulos P J

Department of Orthopedics, Mayo Graduate School of Medicine, Rochester, Minnesota.

Orthopaedic review (UNITED STATES) Sep 1992 , 21 (9) p1121-2 , ISSN: 0094-6591--Print **Journal Code:**
0431766

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Existing techniques for removing broken distal interlocking screws can involve trephine over-cutting of the screws, which requires **bone** exposure and creates larger stress risers by enlarging the original screw **hole**. We present a technique for removal of these screws that takes advantage of both the design of interlocking screws and the **bone** quality in the area of their placement. In this technique, a guide-wire "punch" is used to drive the screws through the medial cortex and soft tissue for removal through a small medial incision.

Record Date Created: 19921215

Record Date Completed: 19921215

36/7/29 (Item 2 from file: 5) [Links](#)

Fulltext available through: [SCIENCEDIRECT](#)

Biosis Previews(R)

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0013788928 Biosis No.: 200200382439

Cannulated fastener system for repair of bone fracture

Author: Moore Robert J III (Reprint); Vandewalle Mark V

Author Address: Houston, TX, USA**USA

Journal: Official Gazette of the United States Patent and Trademark Office Patents 1259 (2): June 11, 2002 2002

Medium: e-file

ISSN: 0098-1133

Document Type: Patent

Record Type: Abstract

Language: English

Abstract: A fastener assembly for repairing fractured **bone** material includes a **wire** having a **wire** leading end for forming a **bore through** the **bone** material and a **wire** trailing end for extending beyond a near-side cortex of the **bone** material. The fastener includes a head portion having spaced-apart grooves defining **cutting** edges, a lower portion having threads, and an axial **aperture** therethrough for receiving the **wire**. The fastener is adapted to slide axially over the **wire** trailing end and be driven toward the **wire** leading end to countersink in the **bone** material. A driver including a driver body having an axially disposed **aperture** therethrough for accommodating said guide **wire**, and a driver head having fingers adapted to engage the spaced-apart grooves of the fastener head portion, is adapted to drive the fastener in the **bone** material. A measuring sleeve including a tubular body adapted to be positioned generally coaxially relative the **wire** trailing end and abutting the **bone** material includes a graduated scale thereon for comparison to the **wire** trailing end, whereby the depth of the bore can be determined.

36/7/42 (Item 9 from file: 73) [Links](#)

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00300504 EMBASE No: 1975072829

Method of screw fixing of the scaphoid bone

ZUR TECHNIK DER NAVICULAREVERSCHRAUBUNG

Ledermann M.; Burckhardt A.; Willenegger H.

Chir. Univ. Klin., Tiefenauspit., Bern Switzerland

Zeitschrift für Unfallmedizin und Berufskrankheiten (Z. UNFALLMED. BERUFSSKR.) 1974 , 67/2 (75-78)

CODEN: ZUBEA

Document Type: Journal

Language: GERMAN

The results of 54 cases of screw fixing of the scaphoid **bone** demonstrate clearly the influence of the operative technique on the ultimate results. The indications include pseudoarthrosis and delayed union, irreversible displacement, and extensive diastasis of the fragments. Essentials of the method are the atraumatic exposure of the fragments and a solid osteosynthesis. The technique involves making a curving incision in the tabatiere and isolating the fragments. The fragments are then repositioned and fixated with a 1 mm K **wire**, 1 cm long, perpendicular to the plane of the fracture in a proximal direction under X ray control. In case of correct reposition a second K **wire** is inserted parallel to the first. Then the first K **wire** is removed and along its path the **aperture** and the worm of the A + O screw of exactly the correct size is **cut**. The pitch of the screw must be completely in the proximal fragment to be able to put compression on the fragments. In case of a bony defect or cyst formation a spongy **bone** graft is applied at the same time. The path of the second K **wire** is burrowed for this purpose. Immobilisation on a volar splint for 2 to 3 wk is followed by a living splint according to Burkle de la Camp. With this method the operative treatment with screw fixation can be recommended, although there are many critics to it. (Heybroek - Groningen, The Netherlands)

36/7/51 (Item 6 from file: 94) [Links](#)

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04615469 JICST Accession Number: 00A0434267 File Segment: JICST-E

A New Method which Enables Precise Patella Resection in Total Knee Arthroplasty.

NAGAMINE RYUJI (1); URABE KEN (1); MIURA HIROMASA (1); MATSUDA SHUICHI (1); MIYANISHI KEITA (1); HIRATA GO (1); IWAMOTO YUKIHIRO (1)

(1) Kyushu Univ., Grad. Sch.

Seikei Geka to Saigai Geka (Orthopedics & Traumatology) , 2000 , VOL.49,NO.1 , PAGE.59-61 , FIG.3, REF.5

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Document Type: Journal

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Media Type: Printed Publication

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36/7/56 (Item 11 from file: 94) [Links](#)

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00499394 **JICST Accession Number:** 87A0523300 **File Segment:** JICST-E

Kirschner wire with holes and medullary cavity expanding reamer.

SAKAMOTO KEIZO (1); FUJIMOTO ETSUO (1); HAYASHI YOSHIHIKO (1)

(1) Showa Univ., School of Medicine

Bessatsu Seikei Geka (Orthopedic Surgery) , 1987 , NO.11 , PAGE.195-197 , FIG.5, TBL.1, REF.2

Journal Number: Z0722BAZ **ISSN:** 0287-1645

Universal Decimal Classification: 616.72 616.7-089

Language: Japanese **Country of Publication:** Japan

Document Type: Journal

Article Type: Introduction article

Media Type: Printed Publication